

03160058
STATE IDENTIFICATION NUMBER
(If Applicable)

1LD000730054
EPA IDENTIFICATION NUMBER
R05-8303-01B
1L-0176-12

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

US EPA RECORDS CENTER REGION 5



462608

I. General Information:

(A) Facility Name: SCA CHEMICAL SERVICES INC.
(B) Street: 11700 S STONEY ISLAND AVE
(C) City: CHICAGO (D) State: IL. (E) Zip Code: 60617
(F) Phone: (312) 646-0016 (G) County: COOK
(H) Operator: SCA CHEMICAL SERVICES INC. (JOHN VALERIOUS (PLNT MGR))
(I) Street: 11700 S STONEY ISLAND AVE.
(J) City: CHICAGO (K) State: IL. (L) Zip Code: 60617
(M) Phone: 312 646-0016 (N) County: COOK
(O) Owner: SCA CHEMICAL
(P) Street: 60 STATE ST.
(Q) City: BOSTON (R) State: MASS (S) Zip Code: 02109
(T) Phone: (617) 367-8300 (U) County: _____
(V) Date of Inspection: 1/7/83 (W) Time of Inspection (From) 9:30A (To) 12:30p
(X) Weather Conditions: CLOUDY = 25°F

(Y) Person(s) Interviewed

GEORGE KUSH

Title

VICE PRES.

Telephone

(617) 367-8300

DR. ALLICIA WHATLEY

SAFETY + REGULATORY AFFAIRS ⁽³¹²⁾ MGR 646-5700

(Z) Inspection Participants

CHARLES GEBIEN

Agency/Title

Telephone

KEN BECHELY

CLIFF GOULD

(AA) Preparer Information

Name

CHARLES GEBIEN

Agency/Title

Telephone

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- IJ K A. Storage and/or Treatment
- 1 Containers (I)
 - 2 Tanks (J)
 - 3 Surface Impoundments (K)
 4. Waste Piles (L)

B. Land Treatment (M)

C. Landfills (N)

- P D. Incineration and/or Thermal Treatment (O and P)

E. Chemical, Physical, and Biological Treatment (Q)

TO BE DEVELOPED IN 1984

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

| | Yes | No | NI* | Remark |
|---|----------|----------|-----|---|
| (A) Has the Regional Administrator been notified regarding: | | | | |
| 1. Receipt of hazardous waste from a foreign source? | — | <u>X</u> | — | <u>MAY ACCEPT WASTE FROM A FOREIGN SOURCE IN FUTURE</u> |
| 2. Facility expansion? | — | <u>X</u> | — | |
| (B) General Waste Analysis: | | | | |
| 1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste? | <u>X</u> | — | — | |
| 2. Does the owner or operator have a detailed waste analysis plan on file at the facility? | <u>X</u> | — | — | |
| 3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site? | <u>X</u> | — | — | |
| (C) Security - Do security measures include: (if applicable) | | | | |
| 1. 24-Hour surveillance? | <u>X</u> | — | — | |
| 2. Artificial or natural barrier around facility? | <u>X</u> | — | — | |
| 3. Controlled entry? | <u>X</u> | — | — | |
| 4. Danger sign(s) at entrance? | <u>X</u> | — | — | |
| (D) Do Owner or Operator Inspections Include: | | | | |
| 1. Records of malfunctions? | <u>X</u> | — | — | |
| 2. Records of operator error? | <u>X</u> | — | — | |
| 3. Records of discharges? | <u>X</u> | — | — | |

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

| | Yes | No | NI* | Remarks |
|---|-------------------------------------|--------------------------|--------------------------|--|
| 4. Inspection schedule? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Safety, emergency equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Security devices? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Operating and structural devices? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Inspection log? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SEA TANK LOG KEPT SEPARATE FROM SITE LOG. |
| (E) Do personnel training records include: (Effective 5/19/81) | | | | |
| 1. Job titles? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Job descriptions? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Description of training? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Records of training? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Have facility personnel received required training by 5-19-81? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Do new personnel receive required training within six months? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed? | | | | |
| 1. Special handling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. No smoking signs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Separation and protection from ignition sources? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— X —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

X — —

2. Telephone or 2-way radios
at the scene of operations?

X — —

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

X — —

Indicate the volume of water and/or foam available for fire control:

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

X — —

2. Is emergency equipment
maintained in operable
conditions?

X — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

X — —

*Not Inspected

(E) Is there adequate aisle space
for unobstructed movement?

X

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

X

X

X

X

X

*Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

| | Yes | No | NI* | Remarks |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------|
| (B) Are copies of the Contingency Plan available at site and local emergency organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (C) Emergency Coordinator | | | | |
| 1. Is the facility Emergency Coordinator identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Is coordinator familiar with all aspects of site operation and emergency procedures? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (D) Emergency Procedures | | | | |
| If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | None to date |

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

| | Yes | No | NI* | Remarks |
|--|-------------------------------------|--------------------------|--------------------------|---------|
| (A) Use of Manifest System | | | | |
| 1. Does the facility follow the procedures listed in §265.71 for processing each manifest? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Are records of past shipments retained for 3 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (B) Does the owner or operator meet requirements regarding manifest discrepancies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Not Inspected

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

X

2. Does the operating record contain the following information:

**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

X

c. The location and quantity of each hazardous waste within the facility?

X

***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

 X

N/A

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

f. Reports detailing all incidents that required implementation of the Contingency Plan?

 X

Plan has never been implemented.

g. All closure and post closure costs as applicable? (Effective 5-19-81)

X

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

| | Yes | No | NI* | Remarks |
|--|----------|----------|-----|-----------------------------|
| (A) Closure and Post Closure | | | | |
| 1. Is the facility closure plan available for inspection by May 19, 1981? | <u>X</u> | ___ | ___ | _____ |
| 2. Has this plan been submitted to the Regional Administrator | <u>X</u> | ___ | ___ | SUBMITTED TO MAYWOOD OFFICE |
| 3. Has closure begun? | ___ | <u>X</u> | ___ | _____ |
| 4. Is closure estimate available by May 19, 1981? | <u>X</u> | ___ | ___ | _____ |
| (B) Post closure care and use of property | | | | |
| Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981) | | | | <u>X</u> |

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: CHGO/SCA Date of Inspection: 1/7/83

| | Yes | No | NI* | Remarks |
|---|----------|-----|-----|---------|
| 1. Are containers in good condition? | <u>X</u> | ___ | ___ | _____ |
| 2. Are containers compatible with waste in them? | <u>X</u> | ___ | ___ | _____ |
| 3. Are containers stored closed? | <u>X</u> | ___ | ___ | _____ |
| 4. Are containers managed to prevent leaks? | <u>X</u> | ___ | ___ | _____ |
| 5. Are containers inspected weekly for leaks and defects? | <u>X</u> | ___ | ___ | _____ |
| 6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.) | <u>X</u> | ___ | ___ | _____ |

| | Yes | No | NI* | Remarks |
|---|----------|------------|------------|--------------|
| 7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.) | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |

J.
TANKS

Facility Name: CHICAGO/SCA Date of Inspection: 1/7/82

| | | | | |
|--|------------|------------|------------|-----------------------------|
| 1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? | <u>---</u> | <u>---</u> | <u>X</u> | <u>NA TANKS ARE COVERED</u> |
| 3. Do continuous feed systems have a waste-feed cutoff? | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 4. Are waste analyses done before the tanks are used to store a substantially different waste than before? | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 5. Are required daily and weekly inspections done? | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |
| 7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) | <u>X</u> | <u>---</u> | <u>---</u> | <u>-----</u> |

Yes

No

NI*

Remarks

8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: CHGO / SCA

Date of Inspection: 1/7/83

- | | | | |
|--|----------|----------|----------------------------|
| 1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? | <u>X</u> | _____ | _____ |
| 2. Do earthen dikes have protective covers? | <u>X</u> | _____ | <u>GRAVEL</u> |
| 3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? | _____ | <u>X</u> | <u>SCRUBBER WATER ONLY</u> |
| 4. Is the freeboard level inspected at least daily? | <u>X</u> | _____ | _____ |
| 5. Are the dikes inspected weekly for evidence of leaks or deterioration? | <u>X</u> | _____ | _____ |
| 6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) | _____ | <u>X</u> | <u>N/A</u> |
| 7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) | _____ | <u>X</u> | <u>N/A</u> |

L

WASTE PILES

Facility Name: _____

Date of Inspection: _____

1. Are waste piles covered or protected from dispersal by wind?

Yes

No

NI*

Remarks

2. Is each in-coming movement of waste analyzed before being added to the waste pile?

3. Are leachate, run-off, and run-on controlled as per the requirements of 265.258? (The effective date of this provision is Nov. 19, 1981.)

4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?

6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)

7. Are piles of incompatible waste protected by barriers or distance from other waste?

M

LAND TREATMENT

Facility Name: _____

Date of Inspection: _____

1. Is treated hazardous waste capable of biological or chemical degradation?

2. Are run-off and run-on diverted from the facility or collected? (Effective date: November 19, 1981)?

3. Is waste analyzed according to 265.273?

4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?

5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available?

6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?

7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility?

8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.)

9. Are incompatible wastes land treated? (If yes, 265.17(b) applies)

N
LANDFILLS

Facility Name: _____ Date of Inspection: _____

Yes No NI* Remarks

(A) General Operating Requirements

Does the facility provide the following:

**1. Diversion of run-on away from active portions of the fill?

**2. Collection of run-off from active portions of the fill?

**3. Is collected run off treated?

4. Control of wind dispersal of hazardous waste?

(**Effective 11-19-81)

(B) Surveying and Recordkeeping

Does the Operating Record Include:

1. A map showing the exact location and dimensions of each cell?

2. The contents of each cell and the location of each hazardous waste type within each cell?

(C) Closure and Post-Closure

1. Is the Closure Plan available for inspection by 5-19-81?

2. Has this plan been submitted to the Regional Administrator?

3. Has closure begun?

4. Is closure cost estimate available by 5-19-81?

(D) Special requirements for ignitable or reactive waste

Are ignitable or reactive waste treated so the resulting mixture is no longer ignitable or reactive?

| | Yes | No | NI* | Remarks |
|--|-------|-------|-------|---------|
| (If waste is rendered non-reactive or non-ignitable see treatment requirements) | | | | |
| If not, the provisions of 40 CFR 265.17(b) apply. | _____ | _____ | _____ | _____ |
| (E) Special Requirements for Incompatible Wastes. | | | | |
| Does the owner or operator dispose of incompatible wastes in separate cells? | _____ | _____ | _____ | _____ |
| If not, the provisions of 40 CFR 265.17(b) apply. | _____ | _____ | _____ | _____ |
| (F) Special requirements for liquid waste (effective 11-19-81) | | | | |
| 1. Are bulk or non-containerized liquids placed in the landfill? | _____ | _____ | _____ | _____ |
| 2. Does the landfill have a chemically and physically resistant liner system? | _____ | _____ | _____ | _____ |
| 3. Does the landfill have a functional leachate collection system? | _____ | _____ | _____ | _____ |
| 4. Are free liquids stabilized prior to or immediately after placement in the landfill? | _____ | _____ | _____ | _____ |
| (G) Special requirements for Containers (effective 11-19-81) | | | | |
| Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill? | _____ | _____ | _____ | _____ |

O and P
INCINERATION and THERMAL TREATMENT

(A) Facility Name: CUGO / SCA

(B) Date of Inspection: 1/7/83

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment): LIQUID INJECTION

AND ROTARY KILN WITH AFTERBURNER AND SCRUBBER SYSTEM CONSISTING OF A QUENCH CHAMBER, A PRIMARY ALKALINE SCRUBBER, AND IONIZABLE WET SCRUBBER

B. Components and steady state condition:

**** Was this component at SS prior to adding waste?

| Component | Yes | No | NI* | Remarks |
|-----------|-----|----|-----|---------|
| 1. _____ | — | — | X | _____ |
| 2. _____ | — | — | X | _____ |
| 3. _____ | — | — | X | _____ |
| 4. _____ | — | — | X | _____ |
| 5. _____ | — | — | X | _____ |

II. Waste Analysis

A. Minimum requirements, for wastes not previously burned/treated.

| 1. Required analyses; has an analysis been performed for the following? | Yes | No | NI* | Remarks |
|---|-----|----|-----|---------|
| a. Heating value | X | — | — | _____ |
| b. Halogen content | X | — | — | _____ |
| c. Sulfur content | X | — | — | _____ |

*Not Inspected

2. Has documented or written data been substituted for analysis of either:

a. Lead?

— — X

b. Mercury?

— — X

B. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. SPEC GRAVITY

2. FLASH POINT

3. % H₂O

4. PHYSICAL APPEARANCE

5. GC - MASS SPEC

III. Monitoring and Inspections

Yes No NI* Remarks

A. Are combustion/emission control instruments monitored at least every 15 minutes?

X — —

CONTINUOUS MONITORING

B. Is steady state maintained or corrections attempted?

X — —

C. Is stack plume observed at least hourly for normal color and opacity?

X — —

CONTINUOUS MONITORING

D. Did any stack observations made by owner or operator show a plume different than normal?**

— — X

E. If yes to D above, were corrections made to return emissions to normal appearance?**

— — X

F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

X — —

G. Are emergency shutdown controls and system alarms checked daily for proper operation?

X — —

*Not Inspected

**Specify in Remarks for what period of time this was checked.

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

- | | Yes | No | NI* | Remarks |
|---|-----|----|-----|---------|
| 1. Does this facility burn <u>only</u> waste explosives? (A No answer means <u>other</u> hazardous waste is open-burned.) | | | N/A | |
| 2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below) | | | | |

| Pounds of waste explosives or propellants | Minimum distance from open burning or detonation to the property of others | |
|---|--|----------|
| 0 to 100..... | 204 m | 670 ft |
| 101 to 1,000..... | 380 m | 1,250 ft |
| 1,001 to 10,000..... | 530 m | 1,730 ft |
| 10,001 to 30,000..... | 690 m | 2,260 ft |

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: CHICAGO / SCA

Date of Inspection: _____

SYSTEM NOT
YET DEVELOPED

- | | Yes | No | NI* | Remarks |
|---|-----|----|-----|---------|
| 1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? | | | | |
| 2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?) | | | | |

*Not Inspected

| | Yes | No | NI* | Remarks |
|--|----------|----|-----|---------|
| 3. Name and EPA ID Number of Transporter(s)? | <u>X</u> | — | — | _____ |
| 4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility? | <u>X</u> | — | — | _____ |
| 5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)? | <u>X</u> | — | — | _____ |
| 6. The total quantity of waste(s) and the type and number of containers loaded? | <u>X</u> | — | — | _____ |
| 7. Required certification? | <u>X</u> | — | — | _____ |
| 8. Required signatures? | <u>X</u> | — | — | _____ |
| (C) Does the owner or operator submit exception reports when needed? | <u>X</u> | — | — | _____ |

2. PRE-TRANSPORT REQUIREMENTS

| | | | | |
|---|----------|---|---|-------|
| (A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site) | <u>X</u> | — | — | _____ |
| (B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site) | <u>X</u> | — | — | _____ |
| (C) If required, are placards available to transporters of hazardous waste? | <u>X</u> | — | — | _____ |

Omit Section 3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

| | Yes | No | NI* | Remarks |
|--|-------|-------|-------|---------|
| 1. Are containers marked with start of accumulation date? | _____ | _____ | _____ | _____ |
| 2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days? | _____ | _____ | _____ | _____ |
| 3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line? | _____ | _____ | _____ | _____ |
| 4. If wastes are stored in tanks, are the tanks managed according to the following requirements? | _____ | _____ | _____ | _____ |
| a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? | _____ | _____ | _____ | _____ |
| b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures? | _____ | _____ | _____ | _____ |
| c. Do continuous feed systems have a waste-feed cutoff? | _____ | _____ | _____ | _____ |
| d. Are required daily and weekly inspections done? | _____ | _____ | _____ | _____ |
| e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements? | _____ | _____ | _____ | _____ |
| f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) | _____ | _____ | _____ | _____ |

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

| | Yes | No | NI* | Remarks |
|--|-------------------------------------|--------------------------|--------------------------|---------|
| (A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (B) Has the generator submitted Annual Reports and Exception Reports as required? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?

NOT TO DATE

☐ ☒ ☐

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator:
 - a. Notified the Administrator in writing? ☐ ☐ ☐
 - b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? ☐ ☐ ☐
 - c. Met the Manifest requirements? ☐ ☐ ☐
2. Importing Hazardous Waste, has the generator:

Met the manifest requirements? ☐ ☐ ☐

X
TRANSPORTER REQUIREMENTS
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING
(Subpart B)

Yes No NI* Remarks

N/A

Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?

II. INTERNATIONAL SHIPMENTS

A. Does the transporter record on the manifest the date the waste left the U.S.?

B. Are signed completed manifest(s) on file?

V. MISCELLANEOUS

A. Does transporter transport hazardous waste into the U.S. from abroad?

B. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

*Not Inspected